Maryland Higher Education Commission Office of Student Financial Assistance 6 N. Liberty Street, Ground Suite Baltimore, MD 21201 (410) 767-3300; (800) 974-1024 TTY for the Deaf - (800) 735-2258 www.mhec.state.md.us

## **ENROLLED FOR LESS THAN 12 CREDITS**

## **CERTIFICATION FORM**

Promise Scholarship Academic Year 2020-2021

appeal.mhec@maryland.gov

This form is to be completed in its entirety by the Department Chair of your health professions program.

## Please attach the following to this completed form:

- O Documentation of the courses and credits you are taking for the semester appealed (i.e. class schedule); and
- A copy of the program curriculum from the institution's catalog or website.

SECTION A: Student	Information				
STUDENT'S FULL NA	AME:				
STUDENT'S SSN:					
INSTITUTION:					
PROGRAM OF STUD	Y:				
SECTION B: Course	Description				
SEMESTER:	CREDIT	THOURS:	SEMESTER:	CREDIT HOURS:	
COURSE TITLE:			COURSE TITLE:		
(i.e.: NURS 201, Fundamentals of Nursing)			(i.e.: NURS 201, Fundamentals of Nursing)		
COURSE COMPOSITION:			COURSE COMPOSITION:		
CLINICAL HOURS	per week	_ per semester	CLINICAL HOURS	per week per semester	
LAB HOURS	per week	_ per semester	LAB HOURS	per week per semester	
LECTURE HOURS	per week	_ per semester	LECTURE HOURS	per week per semester	
Other:	per week	_ per semester	Other:	per week per semester	
TOTAL HOURS	per week	_ per semester	TOTAL HOURS	per week per semester	
SEMESTER:	CREDIT	THOURS:	SEMESTER:	CREDIT HOURS:	
COURSE TITLE:		·	COURSE TITLE:		
(i.e.: NURS 201, Fundamentals of Nursing)			(i.e.: NURS 201, Fundamentals of Nursing)		
COURSE COMPOSITIO	N:		COURSE COMPOSITION:		
CLINICAL HOURS	per week	_ per semester	CLINICAL HOURS	per week per semester	
LAB HOURS	per week	_ per semester	LAB HOURS	per week per semester	
LECTURE HOURS	per week	_ per semester	LECTURE HOURS	per week per semester	
Other:	per week	_ per semester	Other:	per week per semester	
TOTAL HOURS	per week	_ per semester	TOTAL HOURS	per week per semester	
NOTES:					

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## **SECTION C: DEPARTMENT CERTIFICATION**

Is the program considered full-time because of clinical requirements? (Circle one: YES or NO) If NO, the student is not eligible for the appeal and should be considered for the Part-Time Grant.

FORM COMPLETED BY: _		SIGNATURE:	
	Print Full Name		
TITLE:		DEPARTMENT:	
PHONE NUMBER:			
E-MAIL ADDRESS:			

This form and documentation as outlined above may be submitted in one of the following ways:

1. **By Mail:** Maryland Higher Education Commission Office of Student Financial Assistance Attention: Appeal Committee 6 N. Liberty Street, Ground Suite Baltimore, MD 21201;

2. **Email:** appeal.mhec@maryland.gov; or

3. **Drop boxes, which are located in the MHEC lobbies, located** at 6 N. Liberty Street, Baltimore, MD 21201 and 200 West Baltimore Street, Baltimore, MD 21201.

Fall Deadline: October 15, 2020
Spring Deadline: March 15, 2021

